PROJECT IMPLEMENTATION & EVALUATION PLAN

Guidelines and Template
Fiscal Year 2016 CVE Grant Program

The following guidance should be used to develop a Project Implementation & Evaluation Plan (PIEP). This plan will satisfy the term in your award package that requires DHS approval of a reporting template and performance measures. Additionally, you will update the plan submit updates at least quarterly as an attachment to the Performance Progress Report (SF-PPR) that is required in the Notice of Funding Opportunity. In accordance with 2 CFR 200.328 significant developments should be reported in between reporting periods, and this plan may be utilized as well to do so.

Purpose and Use of a Project Implementation & Evaluation Plan

The PIEP will help you to:

- **plan** your project by outlining the activities to be accomplished, timeframes, and resources needed (personnel, equipment, meeting space, et.al.), and how project results will be sustained.
- **manage** implementation of your project by enabling you to track implementation against expectations.
- **report** quarterly on your progress in implementing the project.
- **evaluate impact** by identifying the indicators and data you will use to assess level and type of impact achieved, the data collection methods to be used, and timeframes for collecting outcome-level evaluation data, noting that some indicators may require collection of baseline data at the start of the project for comparison.

The Office of Community Partnerships (OCP) expects that the PIEP will reflect the scope of your project and the size of the grant for which you were awarded. Smaller grants and projects of smaller scope require less detailed PIEPs than larger programs.

Use the OCP PIEP template to create your plan. This template includes all required elements arranged in a logical layout. As you create the PIEP, you might also find it helpful to refer to the sample Project Implementation & Evaluation Plan prepared by OCP.

Project Implementation and Evaluation Plan Term Definitions

Goal	A broad statement about what you aim to accomplish with your project and how you plan to do it. There are two parts to a project goal statement: a "to" part, and a "by" part. The "to" part refers to what you hope to accomplish in the project relative to the target population; the "by" part summarizes the activities you will undertake to accomplish your project goal. A project goal statement should also include any systemic change to be achieved by the project. *Example:* To *improve access to health care for people with limited English proficiency in the service area* by *creating sustainable systems to 1) train medical interpreters and health professionals in cultural competency and the use of medical interpreters, and 2) provide outreach and education to health care consumers about medical interpretation.*
Resources	The resources needed to implement a project activity and achieve project outputs. *Examples could include: staff, consultants, volunteers, new technology, new equipment, supplies, networks*
Activity	How a project uses its resources to achieve outputs *Example 1: Identify a consultant to develop the training curriculum* *Example 2: Develop the training curriculum*
Output	A direct, tangible, and measurable product of a project activity. An output is usually expressed as a number of units delivered. *Examples: 6 training modules developed; 5 trainings held; 3 outreach materials developed; 200 participants served; 300 hours of service provided*
Outcome	The result of project activities, often expressed in terms of changes in behavior, norms, decision-making, knowledge, attitudes, capacities, motivations, skills, or conditions on individuals, families, households, organizations, systems, or communities. An outcome is usually the result of more than one activity and is carried out *by a third party* (usually a program participant or beneficiary). Outcomes are often confused with outputs. The difference would be, for example: *Output: 2 cultural competency trainings delivered to medical interpreters and health professionals.* *Outcome: Medical interpreters and health professionals have/apply increased cultural competency skills.*

Outcome Indicator	The quantitative (numbers, percentages, statistics, or other precise measures) or qualitative (descriptive, anecdotal) measure to tell you whether you have accomplished your desired outcome. An indicator is the measurable "evidence" or information that will tell you whether or not your program is achieving its intended outcomes. In many cases, more than one indicator may be necessary to measure an outcome. Where appropriate and possible, you should also identify a numeric target for your indicator. However, OCP recognizes that setting numeric targets can be difficult and in some cases, unrealistic and cost prohibitive given the scope of the project. Therefore, these targets can be revised as the project is implemented with the revisions recorded in each quarterly report submitted to OCP. *Example Outcome*: Providers receiving training are more skilled. *Indicator*: % of providers trained through the program can effectively serve people with limited English proficiency, measured by how many non-English speaking patients served prior to project compared with number served after project completion.
Data Collection Method	Methods and tools used to collect information for an outcome indicator. *Examples could be: surveys, interviews, focus groups, observation, document review, tests*
Data Collection Timeframe	The timeframe identifies when and how often indicator data are collected. When thinking about timeframe, consider both what is reasonable in terms of when you expect to see change and what is realistic in terms of data collection workload. In many cases, it will make sense to collect data about outcomes early in the project (often called "baseline data") to enable you to show the change over the project period. *Examples could be: quarterly, once a semester, at start of project and end of project.*
Evaluation Results	Description of progress, including data, in achieving outcomes as measured through outcome indicators. Evaluation results are submitted with quarterly (if results are available) and final progress reports to OCP.

OCP Project Implementation & Evaluation Plan

You should modify the Project Implementation & Evaluation Plan template to the number of outcomes your specific project requires. For *each* outcome in the PIEP, create an Implementation Plan table *and* an Evaluation Plan table. Please use the definitions provided in the PIEP guidance document when crafting your plan. Draft, in the box below, the overarching goal statement for the project. Following completion of the PIEP, each grantee is expected to complete the Risk Assessment & Mitigation Plan in Appendix A.

In the Implementation Plan table:

- Type each activity in a separate row; add as many rows as needed.
- Arrange activity rows chronologically by the start date of the activity.
- This PIEP should span both years of performance under this grant program.

In the Evaluation Plan table:

- Type each outcome indicator in a separate row.
- Include indicators that will help measure the impact resulting from the project; it is not necessary to have more than one indicator if that indicator sufficiently measures impact.
- Identify and/or design data collection methods to be used to obtain the data that will be reported on quarterly.
- Ensure attention to collection of data that can be broken down by sex and age of project participants or beneficiaries.

NOTE: Data collection methods should be specific and timebound. Any expenses incurred from the collection of data must come from the grant already awarded. No additional funds will be made available for evaluation by DHS OCP.

Organization Name	Nebraska Emergency Management Agency
Project Title	**Addressing barriers to reporting signs of radicalization**
Grant Number	**EMW-2016-CA-00291**
Grant Implementation Period:	**August 1, 2017 – July 30, 2019**
Reporting Period:	**August 1 2017-July 31 2019**

Project Goal Statement

The Nebraska project tests public health led community engagement models appropriate for rural or small to mid-sized cities by: a) engaging community members to identify barriers to reporting potential signs of radicalization and preferred community strategies for addressing these barriers and b) enhancing state level agencies' ability to provide technical assistance in the area of threat assessment and ensuring that CVE warning indicators are considered by in the process.

Target Population

The focus of our project is rural so the number of people impacted directly will be relatively small (est. 50,000-75,000) but the number of people indirectly impacted will include all of Nebraska (1.8 million) and potentially other rural areas in the United States.

OUTCOME 1: ***Increased likelihood of referral or self-referral to community-based support services***

Mid-Term Outcome 1.1: Community-led efforts to address and reduce reporting barriers
Mid-Term Outcome 1.2: Increased trust from community members in the referral process
Mid-Term Outcome 1.3: Increased availability of effective, contextually appropriate, community-based intervention services
Mid-Term Outcome 1.4: Community members have increased understanding of warning signs

OUTCOME 1 IMPLEMENTATION PLAN

OUTCOME 1 IMPLEMENTATION PLAN

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting *(Complete for Progress Report Only)*
Meet with community and state level stakeholders to orient them to project	Project personnel	Q1	Meeting notes	
Public health led engagement activities in target communities	Project personnel	Q2-8	Documented activities	
ID CVE awareness material appropriate for rural areas	• Existing awareness material	Q1	List of material for distribution and the adaptations made to it	
Provide community based training and awareness material distribution (Training of trainers (TOT) related to CVE warning signs)	• Project personnel • TOT curriculum • Trainer(s) • Facility • Awareness handouts • Project website	Q2-3	State and community trainers available to provide CVE awareness education	
Create survey	• Project personnel • Translators	Q1-2	Survey created	
Conduct survey (state agencies and target communities)	• Project personnel • On-line/paper surveys	Q2-3 Q6-7	Survey results	
Document current processes and interventions used in target communities to respond to threats	• Project personnel	Q1-2	List of processes/interventions commonly used	
Convene and train state level group and	• Project	Q2-5 (state)	# and type of stakeholder	

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting *(Complete for Progress Report Only)*
stakeholders in target communities on community threat management strategies	Personnel • Training materials	Q3-6 (communities)	trained	
Implement threat management team strategies in target communities	• Project personnel • Community teams	Q4-8	Team composition Team meeting dates	

OUTCOME 1 EVALUATION PLAN

Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results *(Complete for Progress Report Only)*
1.0: Increased likelihood of referral or self-referral to community-based support services 1.1: Community-led efforts to address and reduce reporting barriers 1.2: Increased trust from community members in the referral process 1.3: Increased availability of effective, contextually appropriate, community-based intervention services 1.4: Community members have increased understanding of warning signs	• Project generated data ongoing o # of contacts o # participating in surveys o # attending public health led events in project o # of material distributed o #/type of training/trainees • Survey – online and on-paper (may be delivered and administered in person via interpreters or public health personnel) o Quarters 1-2 (baseline) o Quarters 6-7 (Follow-up) • Pre-Post Workshop/Training evaluation Q2-6 • Periodic observations of community team meetings Q3-8	

OUTCOME 2: ***Scalable evidence-based public-health approaches to CVE are tested***

Mid-Term Outcome 2.1: Increased understanding of what yields impact with public health approaches to CVE
Mid-Term Outcome 2.2: Toolkit disseminated to CVE practitioners

OUTCOME 3 IMPLEMENTATION PLAN

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting *(Complete for Progress Report Only)*
Identification of current reporting/referral mechanisms in target communities	• Project personnel • Community plans • Community meetings	Q2-4	List of reporting/referral mechanisms	
Engagement of community members around barriers to referral/reporting	• Project personnel • Facilitation • Meeting locations	Q2-3	List of barriers to reporting	
Engagement of community members around strategies for enhanced referral/reporting	• Project personnel • Facilitation • Meeting locations	Q2-3	List of strategies for each target community	
Enhancement of reporting structures in target communities	• Project stakeholders • Project personnel • Other resources determined by community	Q4-8	Documented changes to referral/reporting structures	
Creation of virtual toolkit for rural public health use	• Project stakeholders • Project personnel • Project material	Q-5-8	Web-based toolkit	

OUTCOME 2 EVALUATION PLAN

Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results *(Complete for Progress Report Only)*
2.0: Scalable evidence-based public-health approaches to CVE are tested 2.1: Increased understanding of what yields impact with public health approaches to CVE 2.2: Toolkit disseminated to CVE practitioners	• Community teams submit de-identified data online Q3-8 o Type and number of interventions / management strategies implemented o Fidelity measures for threat management collected and reported by teams • Focus Groups/Interviews/Community meetings o Q2 and Q6 • Website analytics Q2-8 • Online survey sent to individuals who review the toolkit Q	

APPENDIX A: RISK MANAGEMENT PLAN

The following risk assessment chart is designed to assist in the identification of potential occurrences that would impact achieving project objectives, primarily those originating externally and that are outside of the organization's control. Risks could include, but are not limited to: economic, social, or political changes; changes to planned partnerships; legal or compliance changes; or other risks unique to this project. Use the chart below to identify these risks; add additional rows if necessary.

Risk Identified	**Likelihood of Risk Occurring** (low/med/high)	**Risk Analysis** (brief assessment of the impact the identified risk could/would have on the project)	**Risk Management Plan** (plan to minimize the impact that the risk presents to the project and adjustments to be made if the risk transpires)
Community stakeholders unable to collaborate	Low	Community stakeholders such as law enforcement and mental health providers are essential participants in the process. Limitations could include those caused by funding, low staffing levels and/or lack of buy in by key personnel.	Initial orientations and discussions are planned with key community stakeholders. Ongoing communication with stakeholders via the local public health department is a key feature of the project. If key stakeholders are unable to participate for some reason we are prepared to work with alternate communities or agencies serving the target community.
Community members do not want to participate	Medium	Lack of trust, particularly in governmental authorities, is a hallmark of many rural areas. It is likely that this project may be initially viewed as intrusive if local culture brokers are not brought into the process early. Activities designed to increase trust in one sector of the community may simultaneously decrease trust in another.	The project and its personnel will strive for transparency and promote open communication and reporting throughout the project. If key community groups become alienated for some reason, we will make a concerted effort to work through local culture brokers to enhance trust and create culturally appropriate opportunities for involvement in the project. We will frame CVE issues in manner to avoid perception of targeting or profiling certain groups. Mechanisms re concerning behavior will be presented to facilitate assistance not just police involvement